



**STATE OF UTAH  
TOBACCO PRODUCT MANUFACTURER CERTIFICATE OF COMPLIANCE  
[PURSUANT TO UTAH CODE ANNOTATED § 59-14-602]**

**Mail the original completed Certificate of Compliance and attachments to:**

**Utah Attorney General's Office  
Katharine H. Kinsman  
Assistant Attorney General  
160 East 300 South  
Salt Lake City, Utah 84114-0857**

**and a copy to:**

**Utah State Tax Commission  
Attn: Processing Division  
210 North 1950 West  
Salt Lake City, Utah 84134-3500**

**Please Type or Print**

**PART 1: TOBACCO PRODUCT MANUFACTURER IDENTIFICATION**

**A. Complete company information below:**

Company Name	
Address	
City/State/Zip/Country	
Telephone Number	Fax Number
E-mail Address	Website URL

➔ The Utah State Tax Commission and the Utah Attorney General's Office will not process incomplete or illegible certifications.

Name/Title of Person Completing Form	
Address of Manufacturing Plant(s)	
Name of Factory Manager(s)	
Phone Number of Factory Manager(s)	Fax Number of Factory Manager(s)
If located in U.S.: Manufacturer's Federal Taxpayer ID number:	
If located in US: TTB Tobacco Manufacturer Permit Number	Expires

**B. The tobacco manufacturer identified above, as of the date of this Certification, is (check one below):**

- ☐ A participating manufacturer [Complete Parts 1, 2A and 6]
- ☐ A non-participating manufacturer [Complete entire form except 2A]

**C. This form is (check one below):**

- ☐ Initial Certification - Manufacturer is not currently listed on the Utah Tobacco Directory.
- ☐ Annual Certification - Due April 30, 2008 for Utah sales in 2007
- ☐ Supplemental Certification - Change of information provided to the Attorney General  
**Change of information must be submitted 30 days prior to change.**

**PART 2: BRAND FAMILY IDENTIFICATION (ATTACH ADDITIONAL SHEETS IF NECESSARY)**

**A. Participating Manufacturers**

The participating manufacturer identified in Part 1 has the following brand families, each of which the manufacturer hereby affirms are to be deemed its cigarettes for the purposes of calculating its payments under the Master Settlement Agreement, in the volume and shares determined pursuant to the Master Settlement Agreement.

**Indicate with an asterisk (\*) those brands not being sold in current year.  
Attach additional sheet if necessary**

Brand Family Name	Cigarettes or RYO		Brand Family Name	Cigarettes or RYO
	<input type="radio"/> Cigarette <input type="radio"/> RYO			<input type="radio"/> Cigarette <input type="radio"/> RYO
	<input type="radio"/> Cigarette <input type="radio"/> RYO			<input type="radio"/> Cigarette <input type="radio"/> RYO
	<input type="radio"/> Cigarette <input type="radio"/> RYO			<input type="radio"/> Cigarette <input type="radio"/> RYO
	<input type="radio"/> Cigarette <input type="radio"/> RYO			<input type="radio"/> Cigarette <input type="radio"/> RYO
	<input type="radio"/> Cigarette <input type="radio"/> RYO			<input type="radio"/> Cigarette <input type="radio"/> RYO
	<input type="radio"/> Cigarette <input type="radio"/> RYO			<input type="radio"/> Cigarette <input type="radio"/> RYO

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1. For the above brand families (cigarettes only) provide a copy of the **current** Federal Trade Commission (FTC) approval letter for health-warning rotation plan. Additional information can be obtained at:

Federal Trade Commission  
600 Pennsylvania Avenue, N.W.  
Washington, D.C. 20580  
General Information Telephone: 202-326-2222  
<http://www.ftc.gov>

2. Provide a copy of the **current** Centers for Disease Control (CDC) ingredient-listing (cigarettes only) compliance letter(s) pertaining to the above brands of cigarettes and a statement from the manufacturer as to which brand's ingredients were submitted for each approval letter. Additional information can be obtained at:

Centers for Disease Control and Prevention  
1600 Clifton Road  
Atlanta, GA 30333  
Telephone: 1-800-311-3435  
<http://www.cdc.gov/netinfo.htm>

#### B. Non-Participating Manufacturers

The non-participating manufacturer identified in Part 1 has the following brand families, each of which the tobacco product manufacturer affirms are to be deemed its cigarettes for purposes of UCA §§ 602 and 603.

**List all brand families sold in the preceding calendar year and at any time in the current calendar year. Indicate by an asterisk (\*) any brand no longer being sold in Utah as of the date of this certification.**

**.09 oz. of RYO constitutes one unit. Attach additional sheets if necessary**

Brand Family Name	Cigarettes or Roll-Your-Own	Units Sold Utah in 2007	Previous Manufacturer (Name & Address)
	<input type="radio"/> Cigarette <input type="radio"/> RYO		
	<input type="radio"/> Cigarette <input type="radio"/> RYO		
	<input type="radio"/> Cigarette <input type="radio"/> RYO		
	<input type="radio"/> Cigarette <input type="radio"/> RYO		
	<input type="radio"/> Cigarette <input type="radio"/> RYO		

1. Provide a sample of the packaging of **each** brand family.

➔ ☐ Check here if previously supplied packaging samples have not changed.

**If the manufacturer has previously supplied such packaging to the attorney general and if such**

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**packaging has not changed, samples need not be supplied this year.**

2. For each of the above brand families (cigarettes only) provide a copy of the **current** Federal Trade Commission (FTC) approval letter for health-warning rotation plan.

Federal Trade Commission  
600 Pennsylvania Avenue, N.W.  
Washington, D.C. 20580  
General Information Locator: 202-326-2222

3. Provide a copy of the **current** CDC ingredient-listing compliance letter(s) pertaining to the above brands of cigarettes and a statement from the manufacturer as to which brand's ingredients were submitted for each approval letter.

Centers for Disease Control and Prevention  
1600 Clifton Road  
Atlanta, GA 30333  
Telephone: 1-800-311-3435  
<http://www.cdc.gov/netinfo.htm>

**PART 3: STAMPING AGENT AS IDENTIFIED IN UCA § 59-14-205**

List below the names and addresses of licensed distributors selling manufacturer's product(s) into Utah to which the non-participating manufacturer identified in Part 1 has sold and intends to sell cigarettes and/or RYO tobacco. Attach additional sheets if necessary.

Distributor Name	Distributor Address	Phone No.	Brand

**PART 4: NON-PARTICIPATING MANUFACTURER REGISTERED AGENT**

**A. Check one below:**

- ☐ The non-participating manufacturer identified in Part 1 is registered to do business in Utah.
- ☐ The non-participating manufacturer identified in Part 1 has appointed and continues to engage the following agent located in Utah.

➔ The Utah State Tax Commission and the Utah Attorney General's Office will not process incomplete or illegible certifications.

➔ A current (dated this year) letter from the registered agent accepting this appointment must be attached.

Name of Registered Agent	
Address	
City/State/Zip	
Telephone Number	Fax Number

## **PART 5: NON-PARTICIPATING MANUFACTURER QUALIFIED ESCROW ACCOUNT**

### **A. Escrow Account Information**

The non-participating manufacturer identified in Part 1 has established and continues to maintain the following quality escrow fund under UCA § 59-14-602

Name of Financial Institution	
Address	City/State/Zip/Country
Contact Name/Title	
Telephone Number	Fax Number
Escrow Account Number	Utah Sub-Account Number

➔ Provide an executed copy of the Non-Participating Manufacturer's current Escrow Agreement. Any amendments or attachment to such agreements MUST also be provided.

➔ The Utah State Tax Commission and the Utah Attorney General's Office will not process incomplete or illegible certifications.

**B. Escrow calculation and deposit for sales in Utah in 2007.**

- |   |                              |
|---|------------------------------|
| 1. Show on Line A, the total units sold by non-participating manufacturer in Utah during calendar year 2007:  | A. _____<br>(units)          |
| 2. On Line B, the applicable rate per unit sold in 2007 is the base rate per unit sold, \$0.0188482, plus the inflation adjustment of \$0.0062587 per unit. | B. <u>\$0.0251069</u>        |
| 3. Multiply Line A and B to determine the escrow deposit for 2007 sales in Utah:  | C. _____<br>(Multiply A x B) |

**DEPOSIT TO UTAH SEGREGATED SUB-ACCOUNT MUST BE MADE BY  
APRIL 15, 2008**

**C. Escrow Deposit/Withdrawal History for the State of Utah (attach additional sheets if necessary):**

**Withdrawals must comply with UCA §§ 59-14-602 and 59-22-203 and verification of compliance must be provided.**

Date	Deposit	Withdrawal	Balance
	Total:	Total:	Total:

**D. The Financial Institution noted in Part 5 of this certification, is required to provide directly to the Tobacco Unit of the Utah Attorney General's Office the following:**

- I.** Proof of amount and date of deposit to Utah's segregated sub-account for 2007 sales.
- II.** Current account ledger of the tobacco product manufacturer's segregated sub-account for Utah.

➔ **The Utah State Tax Commission and the Utah Attorney General's Office will not process incomplete or illegible certifications.**

**NOTE:** These items are part of the Certification and are due by April 30, 2008.

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**Utah Attorney General's Office  
Katharine H. Kinsman  
Assistant Attorney General  
160 East 300 South  
Salt Lake City, Utah 84114-0857**

**and a copy to:**

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**PART 6: AFFIDAVIT OF TOBACCO PRODUCT MANUFACTURER**

**An authorized officer of the tobacco product manufacturer MUST sign this form and check one box below. This form MUST be notarized.**

1. This certification must be signed by a qualified company officer authorized to bind the applicant company.
2. My position with the company and my actual authority to certify on behalf of the applicant meets the foregoing requirements.
3. I understand that the Utah State Tax Commission may require additional information and/or documentation to determine if applicant and/or brands qualify for listing on the Utah Directory.
4. I have examined this certification, including attachments and supporting documents and, to the best of my knowledge and belief, this certification, including attachments and supporting documents, is true, correct, and complete.
5. By signing this affidavit on behalf of the applicant company I understand that the company is required to comply with state and federal laws concerning the sale of tobacco products.
6. The company hereby submits itself to the jurisdiction of the Third District Court of the State of Utah for purposes of all litigation arising out of this certification or the sale of tobacco products in Utah.
7. The company hereby waives any claim or defense of sovereign immunity with respect to any litigation brought by the State of Utah arising out of this certification or the sale of tobacco products in Utah.

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- ☐ Under penalty of falsification, I state that the tobacco product manufacturer named in Part 1 A, as of the date of this certification, is a participating manufacturer in full compliance with all applicable sections of Title 59 Chapters 14 and 22 of the Utah Code.
- ☐ Under penalty of falsification, I state that the tobacco product manufacturer named in Part 1A, as of the date of the certification, is a non-participating manufacturer in full compliance of all applicable sections of Title 59 Chapters 14 and 22 of the Utah Code.
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Name of Officer of Tobacco Product Manufacturer (print name)

Title

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Signature of Officer

Date

Subscribed and sworn to this date: \_\_\_\_\_

County of: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

Notary Commission expires: \_\_\_\_\_